

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII STATE ETHICS COMMISSION

## **LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
Munson	Beverly		(808) 546–1042	
MAILING ADDRESS (Street)			FAX	
P.O. Box 2200				
(City)	(State)	(Zip	Code)	
Honolulu	Hawaii	968	96841	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
Hawaiian Telcom, Inc.			(808) 546-1042	
MAILING ADDRESS (Street)			FAX	
P.O. Box 2200				
(City)	(State)	(Zip	Code)	
Honolulu	Hawaii	968	341	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Hawaiian Telcom Communications, Inc.		(808) 546–1042	
MAILING ADDRESS (Street)		FAX	
P.O. Box 2200			
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96841	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
JoAnn C. Yosemori		(808) 546–3868	
MAILING ADDRESS (Street)		FAX	
P.O. Box 2200		(808) 546–8500	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96841	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operations 8 Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation		
X Consumer Protection Commerce	n & Hawaiian Affairs	X Labor & Employment	Transportation		
Culture, Arts, Historic	C Health	Planning, Land & Water Use Management	X Other: (indicate below) Telecommunications		
X Ecology, Energy Environmental Protect	Housing	X Public Safety & Corrections			
PART IV CERTIFICA	ATION OF LOBBYIST				
I hereby certify tha	at the information furnished above	is, to the best of my knowledge, o	correct and complete.		
DUID		1)20	106		
<u> </u>	(Signature of Lobbyist)		Date)		
	(Signature of Lobbyist)				
PART V AUTHORIZ	ATION TO LOBBY				
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED			
Michael S. F	Ruley	Chief Executive Offi	cer		
Michael S. F	·		cer EPHONE		
NAME OF ORGANIZATION	·	TEI			
NAME OF ORGANIZATION	l (if applicable)	TEI	EPHONE 808) 546-7844		
NAME OF ORGANIZATION Hawaiian Tel	I (if applicable)  Lcom Communications, Inc. t)	TEI (	EPHONE 808) 546-7844		
NAME OF ORGANIZATION Hawaiian Tel	I (if applicable)  Lcom Communications, Inc. t)	TEI (	EPHONE 808) 546-7844		
NAME OF ORGANIZATION Hawaiian Tel MAILING ADDRESS (Stree P.O. Box 220	I (if applicable)  Lcom Communications, Inc. t)	TEI (	EPHONE 808) 546-7844		
NAME OF ORGANIZATION Hawaiian Tel MAILING ADDRESS (Stree P.O. Box 220 (City) Honolulu	I (if applicable)  Loom Communications, Inc.  t)  OO  (State)  Hawaii	(Zip Code 96841	EPHONE 808) 546-7844 (		
NAME OF ORGANIZATION Hawaiian Tel MAILING ADDRESS (Stree P.O. Box 220 (City) Honolulu	I (if applicable)  Loom Communications, Inc.  t)  OO  (State)  Hawaii	TEI ( FA) (Zip Code	EPHONE 808) 546-7844 (		